

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO.

3204
39

BIRTH NO.

1. PLACE OF DEATH A. COUNTY Yuma	2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Marcopla	
	C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Phoenix	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Aztec, Rural	C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 1 day 20 yr.	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) S. Highway 80 East Aztec, Ariz.
D. STREET ADDRESS 2826 N. 32nd. Street		(IF RURAL, GIVE LOCATION)
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) William B. (MIDDLE) Alpha C. (LAST) Warren	4. SEX Male	5. COLOR OR RACE White
6. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH Oct. DAY 17 YEAR 1907	8. AGE YEARS 46 MONTHS 7 DAYS 4
9B. KIND OF BUSINESS OR INDUSTRY S. P. Railroad	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Colorado	11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No	13. SOCIAL SECURITY NO. 521-18-5646	14A. FATHER'S NAME Robert N. Warren
14B. BIRTHPLACE (STATE OR COUNTRY) Missouri	15A. MOTHER'S MAIDEN NAME Emma Baldwin	15B. BIRTHPLACE (STATE OR COUNTRY) Illinois
16. INFORMANT'S SIGNATURE J. R. Shatzow, Phoenix, Arizona		17. DATE OF DEATH (MONTH) May (DAY) 23 (YEAR) 1954
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). S261 *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.	MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Shock ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Fractured skull DUE TO (c) Crushed chest II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Multiple fractures, contusions & lacerations	
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT SUICIDE HOMICIDE Accident	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) US Highway 80	21C. (CITY OR TOWN) (COUNTY) (STATE) Aztec Yuma Arizona
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY May 23, 1954 1:30 A.M.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Truck-Car Collision
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11:00 TO 11:00 , THAT I LAST SAW THE DECEASED ALIVE ON May 23, 1954 AND THAT DEATH OCCURRED AT 11:00 M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
23A. SIGNATURE John Davidson	23B. ADDRESS Wellton, Arizona	23C. DATE SIGNED 5-23-54
24A. BURIAL CREMATION REMOVAL <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	24B. DATE 5-23-54	24C. NAME OF CEMETERY OR CREMATORY Yuma, Yuma, Arizona
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Yuma, Yuma, Arizona	25A. DATE REC'D BY LOCAL REG. 5/26/54	25B. REGISTRAR'S SIGNATURE John Davidson
26. FUNERAL DIRECTOR'S SIGNATURE The Johnson Mortuary, Inc. Box 310	27. EMBALMER'S SIGNATURE RE Johnson	ADDRESS Yuma, Arizona CERT. NO. 246A